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FEB 03 2005

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7590 12/02/2004

BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP
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02/04/2005 JBALINA2 00000116 022666 09429047

01 FC:1501 30.00 DA 1370.00 OP

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Susan McFarlane

(Depositor's name)



(Signature)

01/31/2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/429,047	10/29/1999	JAMES V. LUCIANI	082771.P259	5463

TITLE OF INVENTION: METHOD FOR IMPROVING SIGNALING EFFICIENCY AND PERFORMING SERVICE LOAD BALANCING IN A CONNECTION ORIENTED NETWORK

Adjustment Date: 02/04/2005 JBALINA2
08/13/2003 (MBERHEY 00000125-09429047)

01 FC:1501	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$70	\$0	\$70	03/02/2005	

EXAMINER	ART UNIT	CLASS-SUBCLASS
PATEL, AJIT	2664	370-400000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Blakely Sokoloff

2 Taylor & Zafman

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Nortel Networks Limited

St. Laurent, CANADA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

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A check in the amount of the fee(s) is enclosed.

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The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-2666 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date 01/31/2005

Typed or printed name William W. Schaal

Registration No. 39,018

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